COUNTY USE ONLY

STUDENT EDUCATIONAL EXPENSES (Supplement to the Medi-Cal Statement of Facts—MC 210)

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If you or any family member are in college or attending a similar educational institution, please fill in the f					in the following:	See MEM 50447 for allowable education expenses.
A. St	udent's name(s):					EXEMPT:
Na	ame of institution(s):					
St	atus of student(s):	☐ Full-time ☐ Grad	☐ Part-time ☐ Undergrad	☐ Full-time ☐ Grad	☐ Part-time ☐ Undergrad	☐ Entire amount ☐ Only expenses
B. Gr	rants, Loans, Scholarships, Fellowships:					VERIFICATION (List):
Ar	mount received:	\$		\$		
Sc	ource(s) of grants, loans, etc.:					o
Но	ow often received (monthly, quarterly, etc.)?					
C. Ex	openses Per Term:					
ls	term a semester, quarter, year?	\$				
Tu	uition/fees:	\$		\$		o
Вс	poks, equipment, and school supplies:	\$		\$		o
Cł	nild care necessary for school attendance:			\$		
D. Tr	ansportation to School/Child Care:					Transportation costs allowed (show computations):
Ro	ound trip miles per day:					
Sc	chool attended how many days per week:					
Ty po	vpe of transportation used (own car, borrowed car, car pol, bus, etc.):					
Co	osts (per month):					
• /	Amount paid by student (if not own car)	\$		\$		
• /	Amount paid by riders	\$		\$		
• 1	Parking, tolls, etc.	\$		\$		
ls	public transportation (bus, train, etc.) available?	☐ Yes	□ No	☐ Yes	□ No	
• 1	If ves. indicate cost:	\$		\$		